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+ Searchy cartify that this proving and accept the proving deposited with the United States Purish Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Nos. 1469 Alexandris, VA 22315-1450.			
Typed or Printed Name	Sustan M. Alessi		
Signature	Sum au	D.	ate June 17, 2004
REVOCATION OF POWER OF		Attorney Docket	AGYT-041
ATTORNEY/POWER OF		First Named Inventor	WIELOCH, TADEUSZ
ATTORNEY OR		Application Number	10/764,292
AUTHORIZATION OF AGENT		Filing Date	January 22, 2004
Address to:		Group Art Unit	1645
Commissioner for Patents		Examiner Name	
P.O. Box 1450 Alexandria, VA 22313-1450		Title: "ANIMAL MODEL EXHIBITING PATHOLOGICAL CONDITIONS OF ALZHEIMER'S DISEASE"	
I hereby <u>ravoke all previous</u> powers of attorney or authorizations of agent given in the above-identified application <u>and hereby appoint</u> Practitioners at:			
<b>₹</b> 24353			
agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or inter parces proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.  Please change the correspondence address for the above-identified application to the above-mentioned customer number.			
STATEMENT UNDER 37 CFR § 3.73(b)			
In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on June 10, 2004 at Reel 014716. Frames to 0472.  I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.			
I am the:  Applicant; or Assignee of record of the entire interest Attorney of record			
SIGNATURE of Applicant, Assignee or Attorney of Record			
Name CYNTHIA LADD			
Signature Cipation. Today			
Date 06-140-04			